

**FEDERAL EMERGENCY MANAGEMENT AGENCY
TELEWORK AGREEMENT CONTINUATION FORM
(For Episodic Telework Only)**

The following must be completed for each additional Episodic Telework Period.

The Episodic Telework Period will begin on _____ and will terminate on _____.

| Pay Period: Work Week | Day | Hours* | | Duty Location | |
|--------------------------|-----------|--------|------|---------------|-----------|
| | | Start | Stop | Official | Alternate |
| Week 1 | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |
| Week 2 | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |

* I certify that I have on file a completed FEMA Form 14-11, Telework Agreement and I agree to adhere to the applicable guidelines as outlined in the Agreement, as well as the Agency's Telework Policy.

Employee Signature

Date

I concur with the above employee's participation in Episodic Telework, for the period specified above and I agree to adhere to the applicable Telework guidelines.

Supervisor Signature

Date